

TSE Waiver Application

Name of Facility: _____

Applying for:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Level II Trauma | <input type="checkbox"/> Level III Trauma | <input type="checkbox"/> Level IV Trauma | <input type="checkbox"/> Level V Trauma |
| <input type="checkbox"/> Level I Stroke | <input type="checkbox"/> Level II Stroke | <input type="checkbox"/> Level III Stroke | |
| <input type="checkbox"/> Level I STEMI | <input type="checkbox"/> Level II STEMI | | |

Contact Name: _____

Contact Phone Number: _____

Contact E-mail Address: _____

Mailing Address: _____

Criteria #: _____

- ☐ Attach a meaningful description of the reason you are requesting this waiver. Also attach any supporting documentation. If you are requesting more than one waiver, you must submit a separate TSE Waiver Application for each criteria.
- ☐ A notice must be posted at all public entrances to your facility and in at least one area that is commonly used by the patients. This notice must:
 - ☐ Be posted on the day this application is submitted, and remain posted for 30 calendar days;
 - ☐ Attach a list of all posting locations
 - ☐ Include a copy of the meaningful description of the reason you are requesting a waiver (supporting documentation does not need to be included); and
 - ☐ Describe where and to whom comments may be submitted.
 - TSE, PO Box 83720, Boise, ID 83720-0036 **-OR-**
 - tse@dhw.idaho.gov
- ☐ This notice must also be sent to EMS agencies active in the community served by the facility.
 - ☐ Attach a list of all of the EMS agencies you sent a notice to.
- ☐ The review of the waiver will be placed on the agenda for the next TSE Council meeting that is at minimum 30 days from the receipt of the application.